

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/23/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	ns certificate does not comer rights						S).				
PRODUCER Venbrook Insurance Services CA Lic 0D80832 11512 El Camino Real Suite 120 San Diego, CA 92130					NAME:				11		
					PHONE (A/C, N	o, Ext):	800-449-9555	FAX (A/C, No):	85	8-764-7501	
					E-MAIL ADDRE	War 10-		11			
							ISURER(S) AFFOR	RDING COVERAGE		NAIC#	
www.venbrook.com				INSURI	INSURER A: Hartford Fire Insurance Company				19682		
INSURED					INSURER B: Gemini Insurance Company				10833		
Robbie D. Wood, Inc. 1051 Old Warrior River Road MAR 0 6 2018				INSURER C:					10033		
1051 Old Warrior River Road MAR 0 6 2018 PO Box 125					INSURER D :						
Dolomite AL 35061											
III - COND. COMPLANTE				INSURER E :							
COVERAGES CERTIFICATE NUMBER: 40498906						INSURER F:					
	HIS IS TO CERTIFY THAT THE POLICIE				AVE DEE	N ISSUED T		REVISION NUMBER:	UE DOL	ICV PERIOR	
C	IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCI	EQUIF PERT	REME AIN.	NT, TERM OR CONDITION THE INSURANCE AFFOR	N OF AN	Y CONTRAC	T OR OTHER I ES DESCRIBEI	DOCUMENT WITH RESPE	CT TO 1	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL				POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
Α	✓ COMMERCIAL GENERAL LIABILITY	11700	1110	83UENOH7031		3/1/2018	3/1/2019	EACH OCCURRENCE	\$1,000	1,000	
	CLAIMS-MADE ✓ OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000		
		-						MED EXP (Any one person)	\$5,000)	
								PERSONAL & ADV INJURY	\$ 1,000	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DITHER: PRO- LOC OTHER:							GENERAL AGGREGATE	\$2,000,000		
								PRODUCTS - COMP/OP AGG	\$2,000,000		
_									\$		
Α	AUTOMOBILE LIABILITY			83UENOH7030		3/1/2018	3/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$2,000	,000	
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident)	t) \$		
				MCS-90				PRÖPERTY DAMAGE (Per accident)	\$		
				Broadened Pollution				Trailer Interchange	\$ 50,00	10	
В	✓ UMBRELLA LIAB ✓ OCCUR			GVE100145403		3/1/2018	3/1/2019	EACH OCCURRENCE	\$3,000	,000	
	EXCESS LIAB CLAIMS-MAD							AGGREGATE	\$3,000	,000	
	DED RETENTION\$				-				\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$			
						E.L. DISEASE - EA EMPLOYEE \$		\$			
								E.L. DISEASE - POLICY LIMIT \$			
				:							
										- 1	
										- 1	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Sched	ule, may be	attached if mo	re space is require	rd)			
		-			=		A STATE OF	5 ·		1	
										- 1	
	:									- 1	
										- 1	
CEI	RTIFICATE HOLDER	-		=======================================	CANC	ELLATION					
VLI	THE DATE HOLDEN	_	_		CANC	ELLATION					
Hazardous Waste Regulation Section Flordia Det 2600 Blair Stone Road Tallahassee FL 32399-2400					THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHOR	authorized Representative alla Shetyee					
						(SD) Alan Shetzer					

ACORD 25 (2016/03)

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